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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/632,573
		Filing Date	August 4, 2000
		First Named Inventor	Rainer Siebert
		Art Unit	1753
		Examiner Name	Alexander S. Noguerola
Total Number of Pages in This Submission	17	Attorney Docket Number	15675P299X

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Copy of postcard & Terminal Disclaimer filed 3/10/05 (2) Return receipt postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Steven Laut, Reg. No. 47,736 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 28, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Jean Syoboda		
Signature		Date	July 28, 2005



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
0.00

Complete if Known

Application Number	09/632,573
Filing Date	August 4, 2000
First Named Inventor	Rainer Siebert
Examiner Name	Alexander S. Noguerola
Art Unit	1753
Attorney Docket No.	15675P299X

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	34 - 38 = 0	50.00	\$0.00
Independent Claims	2 - 2 = 0	200.00	\$0.00
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater, For Reissues, see below

SUBTOTAL (1) (\$)
0.00

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

SUBTOTAL (2)

Fee Paid (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Steven Laur	Registration No. (Attorney/Agent)	47,736	Telephone	(310) 207-3800
Signature		Date	07/28/05		



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GLAKELY, CORCORAN, TAYLOR & ZAFMAN LLP
LOS ANGELES

WV

Application No.: 09/632,573 Filing Date: 08/04/2000 BSTZ Docket #: 15675.P299X Atty/Sec: ESH/SXL/Js
Date Mailed: 03/10/2005 Docket Due Date(s): 03/10/2005 Client: MARTIN SCHRIMPE WARCOIN AHNER
Title IMPROVEMENTS TO MULTICAPILLARY ELECTROPHORESIS SYSTEMS - UTILITY - CIP

Inventor(s) Siebert, Bottani, Rebschner, Valentin, Gauguier

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Amendment: Response (___ pgs) | <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08 (___ pgs) |
| <input type="checkbox"/> Appeal Brief (___ pgs) | <input type="checkbox"/> Issue Fee Transmittal (original & copy) |
| <input type="checkbox"/> Application: (___ pages w/ cover & abstract) | <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)(2)(B)(i) |
| <input type="checkbox"/> Application Amended to Reflect Claim of Priority | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Assignment & Cover Sheet (___ pgs) | <input type="checkbox"/> Petition for: ___ |
| <input checked="" type="checkbox"/> Certificate of Mailing | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input type="checkbox"/> Continued Prosecution Application (CPA) | <input type="checkbox"/> Reply Brief (___ pgs) |
| <input type="checkbox"/> Declaration & POA (___ pgs) | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request |
| <input type="checkbox"/> Drawings: ___ sheets, ___ figures | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Express Mail No: ___ | <input checked="" type="checkbox"/> Terminal Disclaimer |
| <input checked="" type="checkbox"/> Extension of Time: <u>one (1) month</u> | <input type="checkbox"/> Transmittal of Formal Drawings |
| <input checked="" type="checkbox"/> Fee Transmittal (original & copy) | <input type="checkbox"/> Transmittal of Publication Fee Due |
| <input checked="" type="checkbox"/> Other <u>Return receipt postcard</u> | <input checked="" type="checkbox"/> Transmittal Letter |
- LA _____
Assignee: Centre National De La Recherche Scientifique
- ☒ Check No. 22606 in the Amount of \$120.00
☒ Check No. 22611 in the Amount of \$130.00

